

Account Balance Transfer Request

To transfer your account balance with the Data Bank to a credit or debit card or Electronic Funds Transfer (EFT) account, please type or print legibly, in ink, the information requested in Sections A and B. Numbers in parentheses indicate the maximum number of characters including spaces and punctuation allowed per field.

Section A: Entity Information

Data Bank Identification Number (15):

Printed Title of Entity Representative (40):

Printed Name of Entity Representative (40):

Signature of Entity Representative:

Signature Date:

Section B: Account Information

Transfer Balance to (check one): ☐ Credit/Debit Card Account ☐ Existing EFT Account on File with the Data Bank

Amount to be Transferred: \$

Type of Balance (check one): ☐ Debit Balance

NOTE: If a credit balance is issued, it must be applied to the original account that was debited.

Credit/Debit Card Number: Expiration Date (MM/YY):
(Credit Card: Visa, MasterCard, Discover, or American Express; Debit Card: with Visa or MasterCard logo)

Cardholder's Name (40):

Cardholder's Billing Address (40):

(40):

City (28): State (2): ZIP Code (10):

The Data Bank is committed to protecting your privacy and your Personally Identifiable Information (PII). In accordance with HHS and HRSA policy, the Data Bank will not accept unencrypted PII via email or fax. When completing this form, please mail to: The Data Bank, P.O. Box 10832, Chantilly, VA 20153-0832. When the account balance transfer has been processed, a billing adjustment notification will be mailed to your organization.

NPDB Assistance

For additional information or assistance, please contact the NPDB Customer Service Center at:



1-800-767-6732
Outside the U.S.: 1-703-802-9380
TT/TDD: 1-703-802-9395
Fax: 1-703-803-1964

Email: help@npdb.hrsa.gov
Online: <http://www.npdb.hrsa.gov>
Open: Mon. - Thurs. 8:30 a.m. - 6:00 p.m. ET,
Fri. 8:30 a.m. - 5:30 p.m. ET
Closed: Federal holidays